

**UNITED STATES BANKRUPTCY COURT**  
**DISTRICT OF IDAHO (BOISE)**

**PROOF OF CLAIM**

Name of Debtor  
James Clinitt Perrette  
Stephanie Renee Perrette

Case Number  
01-01998

**NOTE:** This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.



Name of Creditor (The person or other entity to whom the debtor

Dillard National Bank  
P.O. Box 52051  
Phoenix, Arizona 85072-2051

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☒ Check box if the address differs from the address on the envelope sent to you by the court.



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Telephone Number: 800-451-8612

Account or other number by which creditor identifies debtor:  
7575 0008 2693 6981

Check here if ☐ replaces this claim ☐ amends a previously filed claim, dated \_\_\_\_\_

**1. Basis for Claim**

- ☒ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other \_\_\_\_\_

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Your SS #: \_\_\_\_\_
- Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_
- (date) (date)

**2. Date debt was incurred:**

10/20/99

**3. If court judgment, date obtained:**

**4. Total Amount of Claim at Time Case Filed:**

\$ 317.57

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

**5. Secured Claim.**

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

**6. Unsecured Priority Claim.**

- ☐ Check this box if you have an unsecured priority claim
- Amount entitled to priority \$ \_\_\_\_\_
- Specify the priority of the claim:
- ☐ Wages, salaries, or commissions (up to \$4,650)\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$ 2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

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**7. Credits:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**8. Supporting Documents:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**9. Date-Stamped Copy:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

10/30/01

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

TERESA GALLAS

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

ACCT NO 7575-0008-2693-6981(00) NAME PERRITTE  
REPRINT STMT BILLING STATEMENT FOR JUN 2001

DATE	STORE	REG	TXN #	TRCD/DPTCLS	DESCRIPTION	AMOUNT
0518	00090	0000	00000	8004	LATE PAYMENT CH	20.00
0611	00000	0000	00000	4900	*FINANCE CHARGE	6.03
CS604 - NO MORE TRANSACTIONS						

INTERCEPT CODE	98
BILLING CYCLE	11
CYCLE INDEX	38
BILL DTE	06/11/01
PREV BAL	291.54
PAYMENTS	.00
CHARGES	20.00
CREDITS	.00
FNCE CHG	6.03
NEW BAL	317.57
DUE DTE	07/06/01
SCH PYMT	27.00
IF PYMT	317.57
PAST DUE	35.00
TOTL DUE	62.00
CRDT LMT	.00
AVAILCRD	317.57-
BAL SFCG	310.55
PF2-STATEMENT ADDR	

CP: CT: M: D: